

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mr</i>	<i>684</i>	<i>9/24/00</i>
O.I.P.E. CLASSIFIER	<i>RSD</i>	<i>69134</i>	<i>10/11/00</i>
FORMALITY REVIEW	<i>J.S.</i>		<i>11-13-00</i>
RESPONSE FORMALITY REVIEW			<i>1-18-01</i>

**BEST AVAILABLE COPY**

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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